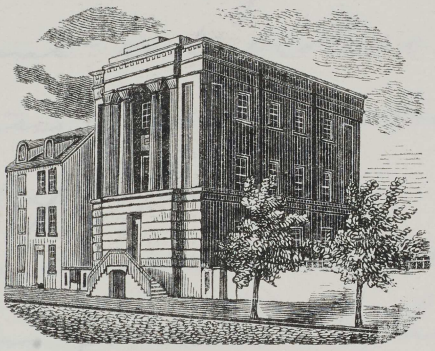
AN ESSAY ON

Pneumonia

RESPECTFULLY SUBMITTED TO THE FACULTY OF THE



HOMŒOPATHIC MEDICAL COLLEGE

OF PENNSYLVANIA,

On the 31st day of January, Eighteen Hundred and Fifty-six.

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Pneumonia

Definition — Inflamation of the Parenchyma of the lung

Causes —

Sudden changes of temperature, over exertion in blowing some wind instrument — or to violent — Exercise & metastasis of cutaneous eruptions. —

Diagnosis —

It generaly is announced by chills and rigors followed by heat. — Patient is found lying upon his back. with flushed face. frequent, hard. full pulse. Anxious expression. respiration short — and quick attended with cough. & expectoration of white stringy mucous, which changes to a red hue as the disease advances

Urine scanty — high colored. depositing a brick dust — sediment —. Usualy thin

is deep seated pressure or pain in chest - accompanied with a sensation of constriction. Synochal fever assuming a remittent - or intermittent - form. Percussion in first - stage will yield a tympanitic sound. becoming less clear. until stage of hepatization when it - will be insonorous & dull & ~~hollow~~. Auscultation reveals the Crepitant râle. bronchial respiration & bronchophony -

Complications -

Pleuritis, Bronchitis Hepatitis. Pericarditis &c

Terminations

By resolution Metastasis to noble organs. Hydrothorax Tuberculosis and death -, Prognosis -

This is favorable in adults of active

vigorous constitutions. In very aged or very young subjects it may be considered unfavorable especially if it be complicated with any other disease or if the patient should possess a tuberculous or scorbutic diathesis. In all case your prognosis will depend much upon the circumstances & conditions of your patient.

Treatment.

There being a high inflamatory excitement attended with more or less fever, we should first endeavor to allay this inflamation which may be accomplished by the administration of Aco Bell; Bry; Phos &c. In severe cases Acon may be given every

half hour either alone or in alternation with either of the other named remedies as the symptoms may indicate

Aside from these remedies during the second Stage. Tart-Emet-Puls. China Ami Lye. &c. can be used as the case requires. In all complicated cases the treatment may vary greatly from that of true traumatic Pneumonia

In case of paralysis of the lungs & suffocative catarrh. with accumulation of mucus. Spec. Tart-Emet. Arsen Samb are very good. If the brain be sympathetically or otherwise inflamed Aco Bell Bryj Nux vom. In fals or pneumonia notha. occuring in old people. inclining to terminate in paralysis of lungs. with a bruised

fulling of the chest - Ami; If attended with a loose cough Tart - Stib. or Puls. In the treatment of all cases of Pneumonia, we should consider its character & stage, the age and constitution as well as habits of patient; and all other attending circumstances. By these close observations, we shall never be led astray from a correct selection of our remedies.

Pathology

Although this disease was well known even in the days of Hippocrates, still its true Pathology has ever been the subject of much debate - and it was not until the present century that the bands of Medical controversy were broken, and its true

features pointed out — It has been divided into three stages

The stage of engorgement. the stage of red hepatization & the stage of purulent infiltration or gray hepatization —

During the first stage. the lung is of a bird hue. less elastic less crepitous. than in a normal condition. and nearly deprived of its spongy character — The minute capillaries are gorged with blood. The distinct corpuscles in them are not distinguishable at this period. but a few can be seen within the air cells

— Soon there is a thin serum transuded. by these congested vessels into the parenchyma and cells of the lung. which becomes of greater density until it gives, when

expectorated. the pathognomonic rusty sputum. The color of the lung during the first stage. although differing greatly from that of its normal state. does not furnish any reliable diagnostic appearance to designate the cadaveric. from other engorgements. and it is perhaps only by the "friability." that we are enabled to distinguish the two conditions. Yet even this condition. some pathologists do not consider sufficient to recognize the simple engorged lipne occuring after death and that resulting from an inflamitory condition lasting but for a short period

Are there then any proved signs or peculiar appearance. which will clearly indicate the effusions which

occurs during the first stage of Pneumonia, from that resulting from "oedema" or other conditions?

Clinical and Anatomical observations prove that during the first stage there can not be detected, with the unaided eye any difference, but by the aid of the "Mycroscope" the cell walls of the inflamed lung have been observed to be more granular than those of the simple congested lungs. As the disease advances there is a more marked difference. Owing to the increased number of exudat corpuscles the hue of the tissue becomes changed, the secretion thicker until it ultimately approaches the well known rusty expectoration. From this therefore it may be concluded,

that the number and variety of exudation-corpuscles, and perhaps the absence of blood corpuscles undergoing peculiar pigmental changes, alone afford any evidence of acutely inflamed pulmonary tissue. As this abnormal condition progresses to the second stage we find the lung robbed of its spongy character, the cells become more and more distended, until the whole tissue has apparently a solid condition. After the stage of hepatization is fairly established the lung presents the following characteristics. It is heavy, dense, resembling in its appearance the liver. Is very friable and sinks in water. If incised a dark red fluid transudes, and the cut-

surface appears distinctly granular. Between these granulations, which vary in size according to their locality. Masses of dark color may be seen, due generally to extravisated blood or to black lung-pigment. These together with the minute bronchi and blood-vessels divide the hepatized lung into small sections, giving it a distinctly marble appearance.

As the third, or stage of grey hepatization appears, the deep red appearance begins to fade, and within the "Parenchyma" distinct yellow spots are seen. These ~~now~~ become more frequent, until we have the peculiar greyish yellow, soft lung, which is characteristic of the ~~second~~ third stage ---

The lung becomes more friable the granular appearance is in a great degree lost: and a thick pus like fluid may be pressed out from the apparently suppurating tissue. or should the disease terminate by resolution, we have the organ becoming of a light hue, the granulations mixing with a freshly exuded serous fluid which dissolves them, and the whole mass of purulent matter thus formed is either expectorated or absorbed. The sputa thus formed consists of exuded corpuscles, granules and free oil.

If this abnormal condition should not terminate by resolution, the lung might-

become indurated by the lymph becoming organized into lung tissue, or a transformation of the exudation into tubercles, thus resulting in Phthisis Pulmonalis. Sometimes cavities are formed by the softening or breaking down of lung tissue. These more frequently occur in the upper portion of the lung, frequently giving rise to profuse hemorrhage owing to the destruction of blood vessels. When they are not destroyed, they form chordelike bands passing through the cavities in different directions. These cavities may have a free opening, or their parietes may become united, thus forming a contraction or cicatrix of the lung - - -